

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-878)

SERIAL NO. **10/04 333**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5	1		1			
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		4		1		
11		4		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16					1	
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41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.	2	↓	2	↓	2	↓
TOTAL DEP.	20	↓	13	↓	21	↓
TOTAL CLAIMS	22		13		23	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS